

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
or Fax (703) 746-4000

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

06/09/2004

Horst M Kasper  
13 Forest Drive  
Warren, NJ 07059



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

**Certificate of Mailing or Transmission**

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/009,974	06/11/2002	Bernard Depond	CHA217	5168

TITLE OF INVENTION: INKING DEVICE FOR A FLEXOGRAPHIC PRINTING MACHINE ANILOX ROLL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	09/09/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
EICKHOLT, EUGENE H	2854	101-350600

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.362).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 HORST M. KASPER  
2 \_\_\_\_\_  
3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SAINT ELOI MECANIQUE OUTILLAGE S.A.

CORNEBARRIEU - FRANCE

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 10

## 4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-0224 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

*Horst M Kasper*

(Date)

8-23-04

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

09/01/2004 MMEKONE1 00000199 10009974

01 FC:1501  
02 FC:80011330.00 OP  
30.00 OP

TRANSMIT THIS FORM WITH FEE(S)



THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Bernard Depond

Serial No: 10/009,974

Art Unit: 2854

Filing Date: June 11, 2002

Title: INKING DEVICE FOR A FLEXOGRAPHIC PRINTING  
MACHINE ANILOX ROLL

Examiner: Eugene H. Eickholt

August 23, 2004

Attorney's Docket No.: CHA217IF

LETTER ACCOMPANYING ISSUE FEE

Hon. Commissioner of Patents and Trademarks  
Washington, D. C. 20231  
SIR:

This is in response to the Notice of Allowance mailed June 9, 2004. Applicant prays to have the patent issue. This letter is to be accompanied by a copy of form PTOL-85B, the issue fee and a transmittal letter. In view of M.P.E.P 1306 any language in the transmittal letter relating to "fee" hereby expressly includes "issue fee" and "fees under 37 CFR 1.18" even though such language is not used there. The Commissioner is authorized to charge the issue fee to deposit account 11-0224.

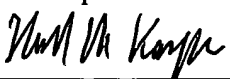
According to Applicant's attorney record the following submissions were made to the United States Patent and Trademark Office:

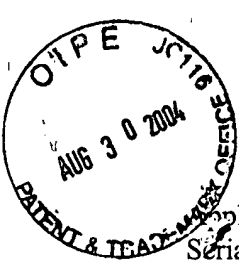
Formal drawings: filed on November 13, 2001

Priority document: acknowledged in the Office Action of March 19, 2004.

Recognition and/or acknowledgement in the patent of these claims and/or filings, if any, is respectfully requested.

Respectfully submitted,  
Bernard Depond

By:   
\_\_\_\_\_  
Horst M. Kasper, his attorney  
13 Forest Drive, Warren, N.J. 07059  
(908)757-2839; Reg. No. 28,559  
Docket No.: CHA217



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Bernard Depond  
Serial No: 10/009,974  
Filing Date: June 11, 2002  
Title: INKING DEVICE FOR A FLEXOGRAPHIC PRINTING MACHINE ANILOX ROLL  
Examiner: Eugene H. Eickholt

Art Unit: 2854

August 23, 2004

Attorney's Docket No.: CHA217T1

**TRANSMITTAL LETTER**

**Hon. Commissioner of Patents and Trademarks  
Box PCT  
Washington, D.C. 20231**

SIR:

Transmitted herewith for filing is:

<X> LETTER ACCOMPANYING ISSUE FEE dated August 23, 2004

<X> FORM PTO-2038

<X> FORM PTOL-85

<X> FEE ADDRESS INDICATION FORM

(X) The applicant hereby petitions the Commissioner of Patents and Trademarks to extend the time for response to any Office Action outstanding in the above captioned matter as necessary to avoid abandonment of the application. Please charge my deposit account No.11-0224 in the amount required to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to the above account.

(X) The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16, and 1.17, after a mailing of a Notice of Allowance under 37 CFR 1.18 or any additional fees which may be required during the entire pendency of the application, or credit any overpayment, to Acct. No.11-0224. A duplicate copy of this sheet is enclosed. If and only if account funds should be insufficient, immediately contact our associate, Lisa Zumwalt, at (703)415-0579, who will pay immediately to avoid deprivation of rights.

( ) Please charge my Account No.11-0224 in the amount of \$\_\_\_\_\_. A duplicate copy of this sheet is enclosed.

A signature or signatures required for the above recited document(s) is (are) provided herebelow. Such signature(s) also provide(s) ratification for any required signature appearing to be defective in the above recited document(s).

*Horst M. Kasper*

Horst M. Kasper, 13 Forest Drive, Warren, N.J.07059

Reg. No. 28,559 Tel.(908)526-1717

**Certificate of Mailing under 37 CFR 1.8:** I hereby certify that the correspondence attached hereto is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope address to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on: **AUG 23 2004**

Signature: *A. Malars*  
Name: A. MALARS

\*%:transE(CHA217T2(August 23, 2004(am

**AUG 23 2004**